Docket Number: DC8504WOPCT

## **DECLARATION and POWER OF ATTORNEY**

As a below-named	inventor, I hereby declare that:						
My residence, post	office address and citizenship are a	s stated	below next to my r	name.			
I believe I am the oblight below) of the subject	original, first and sole inventor (if on ct matter which is claimed and for wh	ily one n hich a pa	name is listed belo Itent is sought on t	w) or an original, first a he invention entitled:	and joint inventor (if plural nar	nes are listed	
ELASTOMERIC SEPARATOR PLATES AND METHOD OF FABRICATION							
the specification of	which is attached hereto unless the	following	box is checked:				
was filed on	18 June 2003 as U.S. Applica	tion No.		or PCT Internation	onal Application No. PCT/CA	A03/00920_	
and was am	nended on	(i	f applicable).				
amendment referred						ended by any	
	duty to disclose information which is gn priority benefits under 35 U.S.C						
§ 365(a) of any PC identified below, by	or priority benefits under 35 0.3.6 or International application which or checking the box, any foreign application on which priority is claimed	designate ication fo	ed at least one c	ountry other than the	United States, listed below a	nd have also	
Application			F	iling Date	Priority Claimed (Yes / No	ų)	
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						]	
I hereby claim the b	enefit under 35 U.S.C. § 119(e) of a	ny Unite	d States Provision	al Application(s) listed t	below.	<u>-</u>	
	U.S. Provisional Application I	No.			J.S. Filing Date		
	60/394921				10 July 2002		
	enefit under 35 U.S.C. § 120 of any						
application or PCT	d below and, insofar as the subjec International Application in the mar	nner pro	vided by the first r	paragraph of 35 U.S.C.	. § 112. I acknowledge the du	ity to disclose	
information which is prior application and	s known to me to be material to pat If the national or PCT International fi	entability	as defined in 37 of this application	CFR § 1.56 which beca	ame available between the fili	ng date of the	
Applicati	on No.	Fili	ng Date		Status		
				•••			
	RNEY: I hereby appoint the followin rademark Office connected therewith		ey(s) and/or agent	(s) the power to prosect	ute this application and transa	ct all business	
Name: THOMAS	S W. GORMAN			Registration No.: 3	1,959		
Send correspondent telephone calls to:	ce and direct	<b>.</b>	. Dant de Nove		Tel. No.		
	S W. GORMAN	Legal	u Pont de Nemou - Patents		(302) 892-7943 Fax No.		
11,0,0,0	5 11. GOT 111. 111	Wilmin	ngton, DE 19898,	U.S.A.	(302) 992-4773		
I hereby declare that	at all statements made herein of my ner that these statements were made	own kno	owledge are true a	nd that all statements r	made on information and belie	f are believed	
or imprisonment, or	both, under Section 1001 of Title 1	8 of the	United States Cod	le and that such willful	and the like so made are puni false statements may jeopardi	ze the validity	
or the application or	any patent issuing thereon.		INVENTOR(S)				
Full Name	Last Name		First Name		Middle Name		
of Inventor	CAI Signature (please sign full name):		YUQI		Date: "Fa/ 11 a		
	, ,		alun		180.11.2	005	
Residence & Citizenship	City <u>KINGSTON</u> , ONTARIO <b>—</b>	AX	State or Foreign	Country	Country of Citizenship CANADA		
Post Office	Post Office Address		City		State or Country	Zip Code	
Address	252 WATERLOO DRIVE		KINGSTON, C	ONTARIO	CANADA	K7M 8P2	
			<u> </u>				
Additional Inve	ntors are being named on separately	y numbe	red sheets attache	ed hereto.			

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Docket Number: DC8504WOPCT

		INVENTOR(S)		
Full Name	Last Name	First Name TUYU	Middle Name	
of Inventor	XIE Signature (please sign full name):	Date: /-/		
7	10	Date: Feb. 15, 2005		
Residence & Citizenship	City KINGSTON, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
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Address	944 NOTTINGHILL AVENUE	KINGSTON, ONTARIO	CANADA	K7P 2B8
E. II N		Te	Tanana a	
Full Name of Inventor	Last Name <u>CHOPRA</u>	First Name <u>DIVYA</u>	Middle Name	
	Signature (please sign full name):	mão Chapre.	Date: March 9, 2005	
Residence & Citizenship	City BRIGHTS GROVE CAX KINGSTON, ONTARIO	State or Foreign Country CANADA	Country of Citizenship  INDIA  CANADA	
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	2936 MORNINGSIDE DR.	BRIGHTS GROVE, ONTARIO		NON ICO
Full Name of Inventor	Last Name WALLER	First Name MICHAEL () /2	Middle Name	
	Signature (please sign full name):	Me li alle-	Date: MAR 7, 2005	
Residence & Citizenship	City WATERLOO, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office	Post Office Address	City	State or Country	Zip Code
Address	481 REGENCY CRESCENT	WATERLOO, ONTARIO	CANADA	NON 100 N2T 1P5
Full Name of Inventor	Last Name PETERS	First Name JAY	Middle Name A.	
- 学校展	Signature (please sign full name):		Date:	
Residence & Citizenship	City BRIGHTS GROVE, ONTARIO	State or Foreign Country CANADA	Country of Citizenship CANADA	
Post Office Address	Post Office Address 1827 WESTGROVE DRIVE	City BRIGHTS GROVE, ONTARIO	State or Country CANADA	Zip Code N0N 1C0
Full Name of Inventor	Last Name	First Name	Middle Name	
	Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office	Post Office Address	City	State or Country	Zip Code
Address				
Full Name	Last Name	First Name	Middle Name	
of Inventor	Signature (please sign full name):		Date:	
na A Si na	Signature (please sign full name):		Date:	
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office	Post Office Address	City	State or Country	Zip Code
Address				
	L			

Docket Number: DC8504WOPCT

## **DECLARATION and POWER OF ATTORNEY**

As a below-named inventor, I hereby declare that:							
My residence, post	office address and citizenship are as	s stated t	below next to my n	ame.			
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
ELASTOMERIC SEPARATOR PLATES AND METHOD OF FABRICATION							
	ttel te avected be at the state of						
	which is attached hereto unless the						
was filed on	18 June 2003 as U.S. Applicat	tion No.		or PCT Internation	al Application No. PCT/C/	A03/00920	
and was am	nended on	(if	f applicable).				
amendment referred						ended by any	
	luty to disclose information which is						
§ 365(a) of any PO identified below, by	gn priority benefits under 35 U.S.C T International application which on the checking the box, any foreign application on which priority is claimed	designate cation fo	ed at least one co	ountry other than the U	nited States, listed below a	nd have also	
Application			F	iling Date	Priority Claimed (Yes / No	2)	
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ļ. <u>.</u>				<del></del>		]	
I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.  U.S. Frivisional Application No.  U.S. Filing Date							
	60/394921				0 July 2002	,	
					•		
I hereby claim the b	enefit under 35 U.S.C. § 120 of any	United S	States application(	s), or § 365(c) of any PC	T International Application d	esignating the	
application or PCT	d below and, insofar as the subject International Application in the mar	i maiter iner prov	or each of the cla vided by the first p	aims of this application in paragraph of 35 U.S.C.	s not disclosed in the prior § 112, I acknowledge the du	United States	
information which is	s known to me to be material to pate	entability	as defined in 37	CFR § 1.56 which becar	ne available between the fili	ng date of the	
prior application and the national or PCT International filing date of this application.  Application No.  Filing Date  Status			Status				
POWER OF ATTO	RNEY: I hereby appoint the following	a attorne	ev(s) and/or agent(	s) the power to prosecut	e this application and transac	ct all business	
	ademark Office connected therewith			-,			
Name: THOMAS	S W. GORMAN			Registration No.: 31	,959		
Send correspondent telephone calls to:	ce and direct	_ ا_			Tel. No.		
'	C MA CODMAN		ı Pont de Nemou - Patents	rs and Company	(302) 892-7943		
THOMAS	S W. GORMAN	Wilmin	ngton, DE 19898,	U.S.A.	Fax No. (302) 992-4773		
I hereby declare that	at all statements made herein of my	own kno	owledge are true a	nd that all statements m	ade on information and belie	f are believed	
to be true; and furth	er that these statements were made both, under Section 1001 of Title 1	e with the	e knowledge that v	villful false statements a	nd the like so made are puni	shable by fine	
	any patent issuing thereon.	o or the	United States Cod	e and that such willful ta	iise statements may jeopardi	ze the validity	
			INVENTOR(S)				
Full Name of Inventor	Last Name		First Name YUQI	-	Middle Name		
Of Inventor	CAI YUQI Signature (please sign full name):		<del></del>	Date:			
						·	
Residence & Citizenship	City KINGSTON, ONTARIO	State or Foreig		Country	Country of Citizenship CANADA		
Post Office	Post Office Address	City			State or Country	Zip Code	
Address	252 WATERLOO DRIVE		KINGSTON, C	NTARIO	CANADA	K7M 8P2	
Additional Inve	ntors are being named on separately	y numbei	red sheets attache	d hereto.	<u> </u>		

Docket Number: DC8504WOPCT INVENTOR(S) Full Name Last Name First Name Middle Name of Inventor XIE TUYU Signature (please sign full name): Date: Residence & State or Foreign Country Country of Citizenship KINGSTON, ONTARIO CANADA Citizenship CANADA **Post Office** Post Office Address City State or Country Zip Code Address 944 NOTTINGHILL AVENUE KINGSTON, ONTARIO CANADA K7P 2B8 **Full Name** Last Name First Name Middle Name DIVYA of Inventor CHOPRA Signature (please sign full name): Date: Country of Citizenship Residence & State or Foreign Country KÍNGSTON, ONTARIO CANADA INDIA Citizenship **Post Office** Post Office Address State or Country Zip Code Address 125 DALGLEISH AVENUE KINGSTON, ONTARIO **CANADA** K7K 7E3 **Full Name** Last Name First Name Middle Name WALLER **MICHAEL** of Inventor Signature (please sign full name): Date: State or Foreign Country Residence & Country of Citizenship WATERLOO, ONTARIO **CANADA** CANÁDA Citizenship **Post Office** Post Office Address State or Country Zip Code **481 REGENCY CRESCENT** Address WATERLOO, ONTARIO CANADA NON 1CO **Full Name** Last Name First Name Middle Name PETER <u>JAY</u> of Inventor <u>A.</u> re (please sigh tull nape): Date: State or Foreign Country CANADA Residence & Country of Citizenship ONTARIO CA CANADA Citizenship Post Office Address Post Office City State or Country Zip Code 1827 WESTGROVE DRIVE 21 MOM. Address BRIGHTS GROVE, ONTARIO CANADA 1520 LAKESHORE GARNIA, 1.D **Full Name** Last Name Middle Name First Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship Post Office Post Office Address City Zip Code State or Country Address **Full Name** Last Name First Name Middle Name of Inventor Signature (please sign full name): Date: Residence & City State or Foreign Country Country of Citizenship Citizenship **Post Office** Post Office Address City State or Country Zip Code Address

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